

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

DISTRICT OF OREGON

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

- Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

Check if this an amended filing

**Official Form 201**

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	TriStar Wellness Solutions, Inc.		
2. All other names debtor used in the last 8 years	FKA Quadric Acquisition Corporation FKA zKid Network Company FKA Eatware Corporation FKA Star Metro Corp. FKA Biopack Environmental Solutions, Inc.		
3. Debtor's federal Employer Identification Number (EIN)	30-0781427		
4. Debtor's address	Principal place of business  720 SW Washington St., Ste 200 Portland, OR 97205-3504	Mailing address, if different from principal place of business  Number, Street, City, State & ZIP Code  P.O. Box, Number, Street, City, State & ZIP Code	Location of principal assets, if different from principal place of business  Number, Street, City, State & ZIP Code
5. Debtor's website (URL)	None.		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership <input type="checkbox"/> Other. Specify: _____		

**7. Describe debtor's business** A. *Check one:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53AB))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. *Check all that apply*

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80a-3)

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.naics.com/search/>.

**5511**

**8. Under which chapter of the Bankruptcy Code is the Debtor filing?**

*Check one:*

- Chapter 7
- Chapter 9

D. *Chapter 11. Check all that apply:*

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operation, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to *Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

No.

Yes.

If more than 2 cases, attach a separate list.

District	When	Case number	
District	When	Case number	

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

No

Yes.

List all cases. If more than 1, attach a separate list

Debtor	HemCon Medical Technologies, Inc.	Relationship to you	Subsidiary
District	Oregon	When 1/15/16	Case number, if known 16-30119-11

**11. Why is the case filed in this district?**

Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?** No Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention? (Check all that apply.)** It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

 It needs to be physically secured or protected from the weather. It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options). Other \_\_\_\_\_**Where is the property?**

Number, Street, City, State &amp; ZIP Code

**Is the property insured?** No Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds**

Check one:

 Funds will be available for distribution to unsecured creditors. After any administrative expenses are paid, no funds will be available to unsecured creditors.**14. Estimated number of creditors** 1-49 1,000-5,000 25,001-50,000 50-99 5001-10,000 50,001-100,000 100-199 10,001-25,000 More than 100,000 200-999**15. Estimated Assets** \$0 - \$50,000 \$1,000,001 - \$10 million \$500,000,001 - \$1 billion \$50,001 - \$100,000 \$10,000,001 - \$50 million \$1,000,000,001 - \$10 billion \$100,001 - \$500,000 \$50,000,001 - \$100 million \$10,000,000,001 - \$50 billion \$500,001 - \$1 million \$100,000,001 - \$500 million More than \$50 billion**16. Estimated liabilities** \$0 - \$50,000 \$1,000,001 - \$10 million \$500,000,001 - \$1 billion \$50,001 - \$100,000 \$10,000,001 - \$50 million \$1,000,000,001 - \$10 billion \$100,001 - \$500,000 \$50,000,001 - \$100 million \$10,000,000,001 - \$50 billion \$500,001 - \$1 million \$100,000,001 - \$500 million More than \$50 billion

**Request for Relief, Declaration, and Signature**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 15, 2016  
MM / DD / YYYY

**X /s/ Michael Wax**

Signature of authorized representative of debtor

**Michael Wax**

Printed name

Title Interim President and CEO, Interim  
Chief Financial Officer

**18. Signature of attorney**

**X /s/ Brad T. Summers**

Signature of attorney for debtor

Date January 15, 2016

MM / DD / YYYY

**Brad T. Summers**

Printed name

**Ball Janik LLP**

Firm name

**101 SW Main, Suite 1100  
Portland, OR 97204-3219**

Number, Street, City, State & ZIP Code

Contact phone 503-228-2525

Email address

**911116 (OR)**

Bar number and State

**United States Bankruptcy Court**  
**District of Oregon**

In re TriStar Wellness Solutions, Inc.

Debtor(s)

Case No.

Chapter

7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$ <u>12,500.00</u>
Prior to the filing of this statement I have received .....	\$ <u>12,500.00</u>
Balance Due .....	\$ <u>0.00</u>

2. The source of the compensation paid to me was:

Debtor       Other (specify):

3. The source of compensation to be paid to me is:

Debtor       Other (specify):

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]
  - a. **Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;**
  - b. **Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;**
  - c. **Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation in any adversary proceedings.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 15, 2016

Date

/s/ Brad T. Summers

**Brad T. Summers 911116 (OR)**

*Signature of Attorney*

**Ball Janik LLP**

**101 SW Main, Suite 1100**

**Portland, OR 97204-3219**

**503-228-2525 Fax: 503-295-1058**

*Name of law firm*

**Fill in this information to identify the case:**

Debtor name TriStar Wellness Solutions, Inc.

United States Bankruptcy Court for the: DISTRICT OF OREGON

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 202

## Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

### Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 15, 2016

X /s/ Michael Wax

Signature of individual signing on behalf of debtor

Michael Wax

Printed name

Interim President and CEO, Interim Chief Financial Officer

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **TriStar Wellness Solutions, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 206Sum Summary of Assets and Liabilities for Non-Individuals

12/15

### Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ **230,750.31**

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ **230,750.31**

### Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **5,076,000.00**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 6a of *Schedule E/F*..... \$ **4,000.00**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*..... +\$ **9,470,965.14**

4. **Total liabilities** .....

Lines 2 + 3a + 3b

\$ **14,550,965.14**

Fill in this information to identify the case:

Debtor name TriStar Wellness Solutions, Inc.

United States Bankruptcy Court for the: DISTRICT OF OREGON

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 206A/B

### Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (*Identify all*)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1.. JP Morgan Chase Bank, NA

Checking/Operating

3589

\$112.58

4. Other cash equivalents (*Identify all*)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$112.58

**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1.. Prepaid Insurance

\$22,961.16

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$22,961.16

Debtor TriStar Wellness Solutions, Inc.  
Name

Case number (*If known*) \_\_\_\_\_

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.  
 Yes Fill in the information below.

**Part 4: Investments**

13. Does the debtor own any investments?

- No. Go to Part 5.  
 Yes Fill in the information below.

		Valuation method used for current value	Current value of debtor's interest
14.	<b>Mutual funds or publicly traded stocks not included in Part 1</b> Name of fund or stock:		
15.	<b>Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture</b> Name of entity:	% of ownership	
15.1..	<b>HemCon Medical Technologies, Inc.</b>	<u>100.00</u> %	<u>Unknown</u>
16.	<b>Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1</b> Describe:		
17.	<b>Total of Part 4.</b> Add lines 14 through 16. Copy the total to line 83.		<u>\$0.00</u>

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.  
 Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.  
 Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- No. Go to Part 8.  
 Yes Fill in the information below.

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- No. Go to Part 9.  
 Yes Fill in the information below.

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- No. Go to Part 10.

Debtor TriStar Wellness Solutions, Inc.  
Name

Case number (*If known*) \_\_\_\_\_

Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

**59. Does the debtor have any interests in intangibles or intellectual property?**

No. Go to Part 11.

Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites			
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations <b>Customer List</b>	<u>\$159,210.25</u>	<u>Strt Line Amort</u>	<u>\$159,210.25</u>
64.	Other intangibles, or intellectual property <b>Non Compete</b>	<u>\$48,466.32</u>	<u>Strt Line Amort</u>	<u>\$48,466.32</u>
65.	Goodwill			
66.	<b>Total of Part 10.</b>			<u>\$207,676.57</u>
	Add lines 60 through 65. Copy the total to line 89.			
67.	<b>Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?</b>			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
68.	<b>Is there an amortization or other similar schedule available for any of the property listed in Part 10?</b>			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
69.	<b>Has any of the property listed in Part 10 been appraised by a professional within the last year?</b>			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

**Part 11: All other assets**

**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.

Yes Fill in the information below.

		Current value of debtor's interest
71.	<b>Notes receivable</b> Description (include name of obligor)	
72.	<b>Tax refunds and unused net operating losses (NOLs)</b> Description (for example, federal, state, local)	
	<b>Net Operating Loss of \$24,544,567.00</b>	<u>Tax year 2014</u> <u>Unknown</u>

Debtor TriStar Wellness Solutions, Inc.  
Name \_\_\_\_\_

Case number (*If known*) \_\_\_\_\_

73. **Interests in insurance policies or annuities**
74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
76. **Trusts, equitable or future interests in property**
77. **Other property of any kind not already listed** Examples: Season tickets, country club membership

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

No  
 Yes

Debtor TriStar Wellness Solutions, Inc.  
Name \_\_\_\_\_

Case number (*If known*) \_\_\_\_\_

Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$112.58	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$22,961.16	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....&gt;</i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$207,676.57	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$230,750.31	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$230,750.31

Fill in this information to identify the case:

Debtor name **TriStar Wellness Solutions, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 206D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
 Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim	Column B Value of collateral that supports this claim
<b>2.1</b> <b>Sussex Associates, LP</b> Creditor's Name <b>24200 Southwest Freeway, Suite 402-285 Rosenberg, TX 77471</b> Creditor's mailing address	Describe debtor's property that is subject to a lien <b>Cash, accounts receivable, inventory, purchase orders, intellectual property and patents</b>	<b>\$5,076,000.00</b>	<b>\$0.00</b>
Creditor's email address, if known	Describe the lien <b>UCC-1</b>		
Date debt was incurred	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$5,076,000.00**  
**0**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

**Name and address**

**-NONE-**

**On which line in Part 1  
did you enter the  
related creditor?**  
Line

**Last 4 digits of  
account number  
for this entity**

Fill in this information to identify the case:

Debtor name **TriStar Wellness Solutions, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 206E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

#### Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim	Priority amount
-------------	-----------------

2.1

Priority creditor's name and mailing address

**Internal Revenue Service  
IRS  
PO Box 7346  
Philadelphia, PA 19101-7346**

As of the petition filing date, the claim is:

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**\$0.00 \$ 0.00**

Date or dates debt was incurred

Basis for the claim:  
**Precautionary**

Last 4 digits of account number

Is the claim subject to offset?

- No  
 Yes

Specify Code subsection of PRIORITY unsecured claim:

11 U.S.C. § 507(a)

2.2

Priority creditor's name and mailing address

**Oregon Dept of Revenue  
ODR Bkcy  
955 Center NE #353  
Salem, OR 97301-2555**

As of the petition filing date, the claim is:

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**\$4,000.00 \$ 4,000.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- No  
 Yes

Specify Code subsection of PRIORITY unsecured claim:

11 U.S.C. § 507(a)

Debtor TriStar Wellness Solutions, Inc. Case number (if known) \_\_\_\_\_

Name

2.3

Priority creditor's name and mailing address

**State of California  
Franchise Tax Board  
Bankruptcy Section MS: A-340  
POB 2952  
Sacramento, CA 95812-2952**

As of the petition filing date, the claim is:

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**\$0.00 \$ 0.00**

Date or dates debt was incurred

Basis for the claim:  
**Precautionary**

Last 4 digits of account number

Is the claim subject to offset?

- No  
 Yes

Specify Code subsection of PRIORITY unsecured claim:

11 U.S.C. § 507(a)

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1

Nonpriority creditor's name and mailing address

**Accelerand LLC  
PO Box 475  
Quakertown, NJ 08868-0475**

As of the petition filing date, the claim is:

**\$5,000.00**

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- No  
 Yes

3.2

Nonpriority creditor's name and mailing address

**Alexander Peek  
1440 208th Dr  
Seward, NE 68434**

As of the petition filing date, the claim is:

**\$11,093.33**

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- No  
 Yes

3.3

Nonpriority creditor's name and mailing address

**Asian Nexus LLC  
6458 Holliday Dr East  
Indianapolis, IN 46260**

As of the petition filing date, the claim is:

**\$10,000.00**

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Debtor TriStar Wellness Solutions, Inc. Case number (if known) \_\_\_\_\_

Name \_\_\_\_\_

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.4

Nonpriority creditor's name and mailing address

**Broadview Networks**

**PO Box 9242**

**Uniondale, NY 11555-9242**

As of the petition filing date, the claim is:

**\$3,769.14**

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.5

Nonpriority creditor's name and mailing address

**Capossela, Cohen, LLC**

**368 Center St**

**Southpost, CN 06890-1462**

As of the petition filing date, the claim is:

**\$9,287.50**

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.6

Nonpriority creditor's name and mailing address

**Chord Advisors**

**One Grand Central PI**

**60 East 42nd St**

**Ste 2319**

**New York, NY 10165**

As of the petition filing date, the claim is:

**\$236,250.00**

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.7

Nonpriority creditor's name and mailing address

**ClearTrust LLC**

**16540 Point Village Dr**

**Ste 210**

**Lutz, FL 33558**

As of the petition filing date, the claim is:

**\$800.00**

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Debtor TriStar Wellness Solutions, Inc. Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.8

Nonpriority creditor's name and mailing address

**CVS Pharmacy**  
PO Box 3560  
Woonsocket, RI 02895-0798

As of the petition filing date, the claim is:

**\$39,566.51**

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.9

Nonpriority creditor's name and mailing address

**DayStar Funding**  
5834 Bridlewood Dr  
Richmond, TX 77469

As of the petition filing date, the claim is:

**\$6,260,025.29**

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.10

Nonpriority creditor's name and mailing address

**Discount EDGAR**  
125 Wolf Rd  
Ste 315  
Albany, NY 12205

As of the petition filing date, the claim is:

**\$984.00**

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.11

Nonpriority creditor's name and mailing address

**Doty Scott Enterprises, Inc**  
12707 High Bluff Dr  
Ste 200  
San Diego, CA 92130

As of the petition filing date, the claim is:

**\$6,825.00**

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Debtor TriStar Wellness Solutions, Inc. \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.12

Nonpriority creditor's name and mailing address  
**F.A. Voight**  
**Attn: Frederick A Voight**  
**5834 Bridlewood Dr**  
**Richmond, TX 77469**

As of the petition filing date, the claim is:

**\$1,404.00**

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.13

Nonpriority creditor's name and mailing address  
**F.A. Voight & Associates, LP**  
**Attn: Frederick A. Voight**  
**5834 Bridlewood Dr**  
**Richmond, TX 77469**

As of the petition filing date, the claim is:

**\$1,331.49**

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.14

Nonpriority creditor's name and mailing address  
**First Insurance Funding**  
**PO Box 7000**  
**Carol Stream, IL 60197-7000**

As of the petition filing date, the claim is:

**\$8,051.10**

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.15

Nonpriority creditor's name and mailing address  
**Grace Christian Ministries, Inc.**  
**Attn: Ayo Ajim**  
**15401 Bellaire Blvd**  
**Houston, TX 77083**

As of the petition filing date, the claim is:

**\$1,201,093.33**

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Debtor TriStar Wellness Solutions, Inc. \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.16

Nonpriority creditor's name and mailing address  
**Hogan Lovells US LLP**  
**Columbia Square**  
**555 Thirteenth St NW**  
**Washington, DC 20004-1109**

As of the petition filing date, the claim is:

**\$8,576.50**

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.17

Nonpriority creditor's name and mailing address  
**James Barickman**  
**10 Saugatuck Ave**  
**Westport, CT 06880**

As of the petition filing date, the claim is:

**\$146,037.80**

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.18

Nonpriority creditor's name and mailing address  
**James S. Linderman**  
**307 Springhouse Ln**  
**Hockessin, DE 19707**

As of the petition filing date, the claim is:

**\$101,500.00**

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.19

Nonpriority creditor's name and mailing address  
**Jared Peek**  
**1440 208th Dr**  
**Seward, NE 68434**

As of the petition filing date, the claim is:

**\$11,093.33**

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Debtor TriStar Wellness Solutions, Inc.  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.20

Nonpriority creditor's name and mailing address  
**John Linderman**  
**10 Saugatuck Ave**  
**Westport, CT 06880**

As of the petition filing date, the claim is:

**\$146,037.81**

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.21

Nonpriority creditor's name and mailing address  
**Judy Wadhams**  
**815 North 95th St**  
**Lincoln, NE 68505**

As of the petition filing date, the claim is:

**\$11,190.00**

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.22

Nonpriority creditor's name and mailing address  
**Kim Guenther**  
**518 Woodbird Pl**  
**Paris, TN 38242**

As of the petition filing date, the claim is:

**\$71,830.33**

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.23

Nonpriority creditor's name and mailing address  
**KKM**  
**117 Century Dr**  
**Woonsocket, RI 02895**

As of the petition filing date, the claim is:

**\$1,000.00**

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Debtor TriStar Wellness Solutions, Inc. \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.24

Nonpriority creditor's name and mailing address  
**Klarquist Sparkman, LLP**  
121 SW Salmon St  
Portland, OR 97204

As of the petition filing date, the claim is:

\$5,191.82

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.25

Nonpriority creditor's name and mailing address  
**Larry Alloway**  
3814-B South Genoa Circle  
Aurora, CO 80013

As of the petition filing date, the claim is:

\$16,785.00

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.26

Nonpriority creditor's name and mailing address  
**Law Office of Charles J. Ingber**  
4653 Carmel Mountain Rd  
Ste 308-217  
San Diego, CA 92130

As of the petition filing date, the claim is:

\$2,062.50

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.27

Nonpriority creditor's name and mailing address  
**Law Offices of Craig V. Butler**  
300 Spectrum Center Dr  
#300  
Irvine, CA 92618

As of the petition filing date, the claim is:

\$17,917.44

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Debtor TriStar Wellness Solutions, Inc. \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.28

Nonpriority creditor's name and mailing address  
**Lawrence K. Ingber**  
**PO Box 630**  
**Palm Beach, FL 33480**

As of the petition filing date, the claim is:

**\$101,500.00**

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.29

Nonpriority creditor's name and mailing address  
**Levett Rockwood P.C.**  
**33 Riverside Ave**  
**Westport, CT 06880**

As of the petition filing date, the claim is:

**\$2,683.66**

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.30

Nonpriority creditor's name and mailing address  
**M&K CPAs, PLLC**  
**4100 N Sam Houston Pky W**  
**Ste 200B**  
**Houston, TX 77086**

As of the petition filing date, the claim is:

**\$325.00**

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.31

Nonpriority creditor's name and mailing address  
**Mandlik & Rhodes**  
**PO Box 249**  
**Barrington, IL 60011-0249**

As of the petition filing date, the claim is:

**\$525.00**

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Debtor TriStar Wellness Solutions, Inc.  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.32

Nonpriority creditor's name and mailing address  
**Maria Nazzaro  
31 Woodridge Dr South  
Stamford, CT 06902**

As of the petition filing date, the claim is:

**\$450.00**

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.33

Nonpriority creditor's name and mailing address  
**Market Performance Group, LLC  
PO Box 1007  
Princeton Junction, NJ 08550-1007**

As of the petition filing date, the claim is:

**\$42,500.00**

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.34

Nonpriority creditor's name and mailing address  
**Miller Nash, Graham & Dunn  
PO Box 3585  
Portland, OR 97208-3585**

As of the petition filing date, the claim is:

**\$1,179.00**

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.35

Nonpriority creditor's name and mailing address  
**Nevada Agency and Transfer Company  
50 W Liberty St Ste 880  
Reno, NV 89501**

As of the petition filing date, the claim is:

**\$90.00**

Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Debtor TriStar Wellness Solutions, Inc. Case number (if known) \_\_\_\_\_

Name

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.36

Nonpriority creditor's name and mailing address  
**New Horizon, Inc**  
**Attn: M. Scott Stevens**  
**8270 S 33rd #307**  
**Lincoln, NE 68516**

As of the petition filing date, the claim is:

**\$849.80**

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.37

Nonpriority creditor's name and mailing address  
**Paul Taylor**  
**14743 Himebaugh Plaza**  
**Omaha, NE 68116**

As of the petition filing date, the claim is:

**\$55,950.00**

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.38

Nonpriority creditor's name and mailing address  
**Rivercoach Partners, LP**  
**5834 Bridlewood Dr**  
**Richmond, TX 77469**

As of the petition filing date, the claim is:

**\$72,204.60**

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.39

Nonpriority creditor's name and mailing address  
**SPS Commerce, Inc**  
**PO Box 205782**  
**Dallas, TX 75320-5782**

As of the petition filing date, the claim is:

**\$4,817.70**

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim:

Debtor TriStar Wellness Solutions, Inc. Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.40

Nonpriority creditor's name and mailing address  
**Tafinger Irrevocable Investment Trust**  
**Attn: Mark D. Wilson & James Nestor**  
**130 Industrial Blvd**  
**Ste 110**  
**Sugar Land, TX 77478**

As of the petition filing date, the claim is:

**\$102,815.04**

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.41

Nonpriority creditor's name and mailing address  
**Threejay Irrevocable Investment Trust**  
**Attn: Seth Nichamoff & James Nestor**  
**130 Industrial Blvd**  
**Ste 110**  
**Sugar Land, TX 77478**

As of the petition filing date, the claim is:

**\$150,314.38**

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.42

Nonpriority creditor's name and mailing address  
**Topside**  
**24200 SW Freeway, #402-286**  
**Rosenberg, TX 77471**

As of the petition filing date, the claim is:

**\$577,486.63**

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.43

Nonpriority creditor's name and mailing address  
**Trilane Ltd**  
**Trust Company Complex**  
**Ajeltake Rd**  
**Marshal Island, GQ**

As of the petition filing date, the claim is:

**\$1,246.00**

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Debtor TriStar Wellness Solutions, Inc. Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.44

Nonpriority creditor's name and mailing address  
**Unishippers**  
**PO Box 43**  
**Bennington, VT 05201-0043**

As of the petition filing date, the claim is:

**\$575.59**

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.45

Nonpriority creditor's name and mailing address  
**Walgreens**  
**Credit and Collections Department**  
**16845 Collections Center Dr**  
**Chicago, IL 60693**

As of the petition filing date, the claim is:

**\$2,184.72**

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.46

Nonpriority creditor's name and mailing address  
**WH Consult**  
**Inhaber Wolfgang Henkel**  
**Hohwiesenweg 35**  
**75203 Konigsback-Stein**  
**Germany**

As of the petition filing date, the claim is:

**\$8,964.80**

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

3.47

Nonpriority creditor's name and mailing address  
**Womens Health Foundation**  
**632 Deming Pl**  
**Chicago, IL 60614**

As of the petition filing date, the claim is:

**\$9,600.00**

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Debtor TriStar Wellness Solutions, Inc. Case number (if known) \_\_\_\_\_

Name \_\_\_\_\_

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

No

Yes

Last 4 digits of account number \_\_\_\_\_

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Jonathon B Orleans Marcy Tench Stovall Pullman & Comley, LLC 850 Main St Bridgeport, CT 06601	Line _____	
		<input checked="" type="checkbox"/> Not listed. Explain _____	<b>Notice re litigation</b> _____
4.2	Richard L Abbott, Esq. 724 Yorklyn Ste 240 Hockessin, DE 19707	Line _____	
		<input checked="" type="checkbox"/> Not listed. Explain _____	<b>Notice re litigation</b> _____

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1  
5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

Total of claim amounts		
5a.	\$	4,000.00
5b.	+	9,470,965.14
5c.	\$	9,474,965.14

Fill in this information to identify the case:

Debtor name **TriStar Wellness Solutions, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

#### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest  
**Licensing Agreement for sale of Beaute de Maman.**

State the term remaining  
**Until the \$150k sales price is paid in full.**

List the contract number of any government contract \_\_\_\_\_

**Andrew Egenes  
Intelero Corp  
996 Huff Road NW, Suite D  
Atlanta, GA 30318**

2.2. State what the contract or lease is for and the nature of the debtor's interest  
**Insurance liability financing contract.**

State the term remaining  
**04/01/15 - 12/31/15**

List the contract number of any government contract \_\_\_\_\_

**Lake Forest Bank & Trust Company  
727 North Bank Lane  
Lake Forest, IL 60045**

Fill in this information to identify the case:

Debtor name **TriStar Wellness Solutions, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

### 1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	Sussex Associates, LP	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	Alexander Peek	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.2</u> <input type="checkbox"/> G _____
2.3	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	F.A. Voight	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.12</u> <input type="checkbox"/> G _____
2.4	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	DayStar Funding	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.9</u> <input type="checkbox"/> G _____
2.5	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	Grace Christian Ministries, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.15</u> <input type="checkbox"/> G _____
2.6	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	New Horizon, Inc	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.36</u> <input type="checkbox"/> G _____

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.7	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	James Barickman	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <b>3.17</b> <input type="checkbox"/> G _____
2.8	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	James S. Linderman	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <b>3.18</b> <input type="checkbox"/> G _____
2.9	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	Jared Peek	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <b>3.19</b> <input type="checkbox"/> G _____
2.10	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	John Linderman	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <b>3.20</b> <input type="checkbox"/> G _____
2.11	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	Judy Wadhams	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <b>3.21</b> <input type="checkbox"/> G _____
2.12	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	Kim Guenther	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <b>3.22</b> <input type="checkbox"/> G _____
2.13	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	Larry Alloway	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <b>3.25</b> <input type="checkbox"/> G _____
2.14	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	Lawrence K. Ingber	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <b>3.28</b> <input type="checkbox"/> G _____
2.15	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	Tafinger Irrevocable Investment Trust	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <b>3.40</b> <input type="checkbox"/> G _____

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules  
that apply:

- D \_\_\_\_\_  
 E/F 3.41  
 G \_\_\_\_\_

2.16	<b>HemCon Medical Technologies, Inc.</b>	720 SW Washington St., Ste 200 Portland, OR 97205-3504	<b>Threejay Irrevocable Investment Trust</b>	
2.17	<b>HemCon Medical Technologies, Inc.</b>	720 SW Washington St., Ste 200 Portland, OR 97205-3504	<b>Paul Taylor</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.37</u> <input type="checkbox"/> G _____
2.18	<b>HemCon Medical Technologies, Inc.</b>	720 SW Washington St., Ste 200 Portland, OR 97205-3504	<b>Topside</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.42</u> <input type="checkbox"/> G _____
2.19	<b>HemCon Medical Technologies, Inc.</b>	720 SW Washington St., Ste 200 Portland, OR 97205-3504	<b>Trilane Ltd</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.43</u> <input type="checkbox"/> G _____

**Fill in this information to identify the case:**

Debtor name **TriStar Wellness Solutions, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

**12/15**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

**Sources of revenue**  
Check all that apply

**Gross revenue**  
(before deductions and exclusions)

**For prior year:**

From **1/01/2015** to **12/31/2015**

Operating a business

**\$0.00**

Other \_\_\_\_\_

**For year before that:**

From **1/01/2014** to **12/31/2014**

Operating a business

**\$266,825.00**

Other \_\_\_\_\_

**For the fiscal year:**

From **1/01/2013** to **12/31/2013**

Operating a business

**\$117,872.00**

Other \_\_\_\_\_

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer

Check all that apply

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. <b>Broadview Networks</b> PO Box 9242 Uniondale, NY 11555-9242	9/29/15 (\$211.29); 10/14/15 (\$234.31)	\$445.60	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. <b>Chord Advisors</b> One Grand Central PI 60 East 42nd St., Ste. 2319 New York, NY 10165	10/27/15	\$4,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.3. <b>ClearTrust LLC</b> 16540 Point Village Dr. Suite 210 Lutz, FL 33558	10/21/15 (\$916.00); 11/4/15 (\$800.00)	\$1,716.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.4. <b>Discount EDGAR</b> 125 Wolf Road, Suite 315 Albany, NY 12205	11/17/15 (\$2,099.00); 12/17/15 (\$903.00)	\$3,002.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.5. <b>First Insurance Funding</b> PO Box 7000 Carol Stream, IL 60197-7000	10/21/15 (\$8,051.10); 12/10/15 (\$8,453.66)	\$16,504.76	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.6. <b>M&amp;K CPAs, PLLC</b> 4100 N Sam Houston Pky W Ste 200B Houston, TX 77086	11/13/15 (\$5,000.00); 11/20/15 (\$5,000.00)	\$10,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. <b>Barickman, James</b> 10 Saugatuck Ave Westport, CT 06880	3/4/15 (\$10,000); 4/1/15 (\$2,500); 5/4/15 (\$2,500); 6/9/15 (\$2,500); 7/2/15 (\$5,000)	\$22,500.00	Note payments
4.2. <b>Linderman, James S.</b> 307 Springhouse Lane Hockessin, DE 19707	11/6/14 (\$1,500); 12/4/14 (\$1,500); 12/29/14 (\$1,500); 2/5/15 (\$1,575); 3/5/15 (\$1,575); 3/26/15 (\$1,575); 4/30/15 (\$1,500); 6/8/15 (\$1,575); 7/2/15 (\$1,500)	\$13,800.00	Note payments
4.3. <b>Linderman, John</b>	3/4/15 (\$10,000); 4/1/15 (\$2,500); 5/4/15 (\$2,500); 6/9/15 (\$2,500); 7/2/15 (\$5,000)	\$22,500.00	Note payments
4.4. <b>Northstar Partners</b> 10 Saugatuck Ave Westport, CT 06880	12/18/14	\$6,000.00	Note payment

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

## Creditor's name and address

## Description of the action creditor took

## Date action was taken

## Amount

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

 None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Starkman, Barry v. TriStar Wellness Solutions, Inc. and HemCon Medical Technologies, Inc. FBT-CV-15-65053805-S	Employment Dispute	Superior Ct Judicial Dist of Fairfield 1061 Main Street Bridgeport, CT 06604	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2. James S. Linderman v. TriStar Wellness Solutions, Inc. N15C-10-121 VLM	Breach of Contract/Debt Arising from Default on a Promissory Note	Sup Ct, State of DE, New Castle County 500 N King St Wilmington, DE 19801	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

 None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000** None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.** None.

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. <b>Ball Janik LLP 101 SW Main St., Ste. 1100 Portland, OR 97204</b>		<b>11/2/2015</b>	<b>\$12,500.00</b>
<b>Email or website address</b> <b>www.balljanik.com</b>			
<b>Who made the payment, if not debtor?</b>			

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**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

 None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

 None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

 Does not apply

Address	Dates of occupancy From-To
14.1. <b>10 Saugatuck Ave. Westport, CT 06880</b>	

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

 No. Go to Part 9. Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

- No.  
 Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- No. Go to Part 10.  
 Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?  
 Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

- None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- No.  
 Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- No.  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- No.  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business**

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. HemCon Medical Technologies, Inc.	Manufacturer and seller of medical devices.	Dates business existed EIN: 93-1321343 From-To 06/08/2001 - Present

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- None

Name and address	Date of service From-To
26a.1. Stuart Sands 720 SW Washington St. Ste 200 Portland, OR 97205	04/30/14 - Present
26a.2. Gretchen A. Daguanno 720 SW Washington St. Ste 200 Portland, OR 97205	02/17/15 - Present
26a.3. Alice Sloan 720 SW Washington St. Ste 200 Portland, OR 97205	04/30/14 - 01/06/15

**Name and address**

26a.4. **NorthStar Partners, Inc.**  
**10 Saugatuck Avenue**  
**Westport, CT 06880**

**Date of service  
From-To**
**01/18/13 - Present**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

 None
**Name and address**

26b.1. **M&K CPAs, PLLC**  
**4100 North Sam Houston Pkwy W**  
**Houston, TX 77086**

**Date of service  
From-To**
**05/13/13 - 12/01/15**
**Name and address**

26b.2. **Chord Advisors, LLC**  
**600 3rd Ave, 2nd Floor**  
**New York, NY 10016**

**Date of service  
From-To**
**05/13/13 - 08/31/15**

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

 None
**Name and address**
**If any books of account and records are  
unavailable, explain why**

26c.1. **Stuart Sands**  
**720 SW Washington St. Ste 200**  
**Portland, OR 97205**

26c.2. **Gretchen A. Daguanno**  
**720 SW Washington St. Ste 200**  
**Portland, OR 97205**

26c.3. **NorthStar Partners, Inc.**  
**10 Saugatuck Avenue**  
**Westport, CT 06880**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

 None
**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

 No

 Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the  
inventory**
**Date of inventory**
**The dollar amount and basis (cost, market,  
or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Michael Wax	720 SW Washington St. Ste 200 Portland, OR 97205	Officer & Board Director	
Stuart Sands	720 SW Washington St. Ste 200 Portland, OR 97205	Officer & Board Director	
Dr. Michel Boileau	75 Bond Street Bend, OR 97702	Board Director	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- No  
 Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
John Linderman	10 Saugatuck Ave. Westport, CT 06880	Board Director	01/18/13 - 03/2015
James Barickman	10 Saugatuck Ave. Westport, CT 06880	Board Director	01/18/13 - 03/2015
David Horin	10 Saugatuck Ave. Westport, CT 06880	Secretary	01/18/13 - 08/2013
Fred Voight	5834 Bridlewood Drive Richmond, TX 77469	Board Director	01/18/13 - 06/30/15
Harry Pond	706 Hillcrest Drive Richmond, TX 77469	Board Director	01/18/13 - 06/30/15

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- No  
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 Linderman, James S. 307 Springhouse Lane Hockessin, DE 19707	\$13,800	11/6/14 (\$1,500); 12/4/14 (\$1,500); 12/29/14 (\$1,500); 2/5/15 (\$1,575); 3/5/15 (\$1,575); 3/26/15 (\$1,575); 4/30/15 (\$1,500); 6/8/15 (\$1,575); 7/2/15 (\$1,500)	Note payments

**Relationship to debtor**

30.2 Northstar Partners 10 Saugatuck Ave Westport, CT 06880	\$6,000	12/18/14	Note payment
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**Relationship to debtor**

30.3 Barickman, James 10 Saugatuck Ave Westport, CT 06880	\$22,500	3/4/15 (\$10,000); 4/1/15 (\$2,500); 5/4/15 (\$2,500); 6/9/15 (\$2,500); 7/2/15 (\$5,000)	Note payments
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**Relationship to debtor**

30.4 Linderman, John 10 Saugatuck Ave Westport, CT 06880	\$22,500	3/4/15 (\$10,000); 4/1/15 (\$2,500); 5/4/15 (\$2,500); 6/9/15 (\$2,500); 7/2/15 (\$5,000)	Note payments
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**Relationship to debtor**

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No  
 Yes. Identify below.

**Name of the parent corporation****TriStar Wellness Solutions, Inc.****Employer Identification number of the parent corporation**EIN: **30-0781427****32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

- No  
 Yes. Identify below.

**Name of the parent corporation****Employer Identification number of the parent corporation****Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 15, 2016/s/ Michael Wax

Signature of individual signing on behalf of the debtor

Michael Wax

Printed name

Position or relationship to debtor

Interim President and CEO, Interim Chief Financial Officer**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?**

- No  
 Yes

**United States Bankruptcy Court  
District of Oregon**

In re TriStar Wellness Solutions, Inc. \_\_\_\_\_ Case No. \_\_\_\_\_  
Debtor(s) Chapter 7 \_\_\_\_\_

**VERIFICATION OF CREDITOR MATRIX**

I, the Interim President and CEO, Interim Chief Financial Officer of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: January 15, 2016

/s/ Michael Wax  
**Michael Wax/Interim President and CEO, Interim Chief Financial  
Officer**  
Signer/Title

**United States Bankruptcy Court  
District of Oregon**

In re **TriStar Wellness Solutions, Inc.**

Debtor(s)

Case No.  
Chapter

**7**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for TriStar Wellness Solutions, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:  
**Cede & Co.**

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**Kim Guenther**

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**Northstar Consumer Products, LLC**

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**Rivercoach Partners, LP**

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**Rockland Group, LLC**

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**The M&K Family Limited Partnership**

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None [*Check if applicable*]

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**January 15, 2016**

Date

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**/s/ Brad T. Summers**

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**Brad T. Summers 911116 (OR)**

Signature of Attorney or Litigant  
Counsel for TriStar Wellness Solutions, Inc.

**Ball Janik LLP**

**101 SW Main, Suite 1100  
Portland, OR 97204-3219  
503-228-2525 Fax:503-295-1058**